

Consumer Feedback Form
NIH Sign Language Interpreting Services
Special Program Services Office, DSS, ORS, NIH

I. Consumer Information	
Your name: (Optional)	IC:
Interpreter(s) Name:	Event Date & Location:

II. Type of Environment (Please Check One)			
Meeting	Lecture	Conference	Training
One-on-One	Small Group	Large Group	Social Luncheon

III. Please rate the interpreter on the following:	Yes	No
Did the interpreter dress appropriately?		
Did the interpreter arrive 15 minutes prior to start of event?		
Did the interpreter talk with you about the job beforehand?		
Did the interpreter stand or sit in the best place for you?		
Did the interpreter use the appropriate language and/or mode of communication for you?		

IV. Please rate the interpreter on the following: 1 = Excellent 2 = Very Good 3 = Average 4 = Below Average 5 = Poor							
	1	2	3	4	5	NA	
1. Sign Interpreting (For Deaf/Hard-of-Hearing Consumers)							
A. Fingerspelling							
B. Facial Expression/Grammar							
C. Reading of Sign Language							
2. Voice Interpreting (For Hearing Consumers)							
A. Interpreter's English grammar was accurate							
B. Interpreted content/information was accurate							
3. Communicating through the interpreter was comfortable and effortless.							
4. Professional manner							
5. Smoothness of communication flow							
6. Smoothness of transition from one interpreter to another							

If you have any comments, please use the back of this page. Please return to the office below:

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301 North Stonestreet Avenue, Room 115D, MSC 3355
Rockville, Maryland 20892-3355
Phone: 301-402-8180, TTY: 301-435-1908 Fax: 301-435-1999